

Community Notification Plan

Inmate Name: _____ **DOC PID Number** _____

DOB: _____ **Projected Release Date:** _____

Facility Site: _____ **Field Site:** _____

Facility CSS: _____ **Field CSS:** _____

Community Notification Request Date: _____

Requested By: _____

Criteria for Community Notification (check all that apply):

Designated High Risk Sex Offender ☐ Designated RSN ☐ Designated Level C ☐

Co Case Managers with Supervisory Approval ☐

Rationale for Recommending Community Notification Plan (check all that apply):

☐ Seriousness of the offense

☐ Offender's prior offense history

☐ Offender's characteristics, such as response to prior treatment efforts and history of substance abuse

☐ Lack of community supports to the offender, such as therapeutic treatment, a stable and supervised living arrangement, familial and social relationships, and consideration of the offender's education or employment stability

☐ Whether the offender has indicated, or credible evidence in the record indicates, that the offender will reoffend if released into the community

☐ Other:

Mitigating Factor:

☐ Whether the offender demonstrates a physical condition that minimizes risk of re-offense, including but not limited to advanced age or a debilitating illness or physical condition

Community Notification Plan:

A. Law Enforcement Notification Only ☐

By Whom: _____ Completion Date: _____

B. Law Enforcement Notification ☐ **AND:**

Neighbors ☐

Schools ☐

Day care Centers ☐

Agencies/Organizations serving: Vulnerable youth ☐ Vulnerable adults ☐

By Whom: _____ Completion Date: _____

C. Law Enforcement Notification ☐ **AND:**

Neighbors ☐

Schools ☐

Day care Centers ☐

Agencies/Organizations serving: Vulnerable youth ☐ Vulnerable adults ☐

AND

Public Notification ☐

To Whom:

By Whom: _____ Completion Date: _____

Approved:

Name

Date